



Issue Classification 	Application No.	Applicant(s)	
	09/893,166	SCHLANGER, RAPHAEL	
	Examiner	Art Unit	
	Jason R Bellinger	3617	

ISSUE CLASSIFICATION									
ORIGINAL				CROSS REFERENCE(S)					
CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
301		59		301	55	110.5			
INTERNATIONAL CLASSIFICATION									
B	6	0	B	1/02					
B	6	0	B	27/00					
B	6	0	B	21/06					
				/					
				/					

JASON R. BELLINGER PATENT EXAMINER (Assistant Examiner) <i>1/6/05</i> (Date)	<i>R. D. Stormer</i> RUSSELL D. STORMER PRIMARY EXAMINER <i>1/7/05</i> (Date)	Total Claims Allowed: 10 O.G. Print Claim(s) 1 O.G. Print Fig 8a, 8b
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<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
	1		31		61		91		121		151		181		
	2		32		62		92		122		152		182		
	3		33		63		93		123		153		183		
	4		34		64		94		124		154		184		
	5		35		65		95		125		155		185		
	6		36		66		96		126		156		186		
	7		37		67		97		127		157		187		
	8		38		68		98		128		158		188		
	9		39		69		99		129		159		189		
	10		40		70		100		130		160		190		
	11		41		71		101		131		161		191		
	12		42		72		102		132		162		192		
	13		43		73		103		133		163	1	193		
	14		44		74		104		134		164		194		
	15		45		75		105		135		165		195		
	16		46		76		106		136		166		196		
	17		47		77		107		137		167		197		
	18		48		78		108		138		168		198		
	19		49		79		109		139		169		199		
	20		50		80		110		140		170		200		
	21		51		81		111		141		171		201		
	22		52		82		112		142		172		202		
	23		53		83		113		143		173		203		
	24		54		84		114		144		174		204		
	25		55		85		115		145		175		205		
	26		56		86		116		146		176		206		
	27		57		87		117		147		177		207		
	28		58		88		118		148		178		208		
	29		59		89		119		149		179		209		
	30		60		90		120		150		180		210		

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				/					
				/					
				/					
				/					
				/					

(Assistant Examiner)	(Date)	(Primary Examiner)	(Date)	Total Claims Allowed:	
(Legal Instruments Examiner)	(Date)			O.G. Print Claim(s)	O.G. Print Fig

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47		
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
2	211			241			271			301			331			361
3	212			242			272			302			332			362
4	213			243			273			303			333			363
5	214			244			274			304			334			364
6	215			245			275			305			335			365
7	216			246			276			306			336			366
8	217			247			277			307			337			367
9	218			248			278			308			338			368
10	219			249			279			309			339			369
	220			250			280			310			340			370
	221			251			281			311			341			371
	222			252			282			312			342			372
	223			253			283			313			343			373
	224			254			284			314			344			374
	225			255			285			315			345			375
	226			256			286			316			346			376
	227			257			287			317			347			377
	228			258			288			318			348			378
	229			259			289			319			349			379
	230			260			290			320			350			380
	231			261			291			321			351			381
	232			262			292			322			352			382
	233			263			293			323			353			383
	234			264			294			324			354			384
	235			265			295			325			355			385
	236			266			296			326			356			386
	237			267			297			327			357			387
	238			268			298			328			358			388
	239			269			299			329			359			389
	240			270			300			330			360			390